Attorney's Ref: ANDPAT/180/US Date: January 21, 2004

## MAIL STOP PATENT APPLICATION Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:		866 866
	erewith for filing is the  Utility  Design patent application of: or(s): Helmuth GABL PROCESS AND DEVICE FOR AERATING SUSPENSIONS	22581 U. 10/761
Enclosed are:	17 Sheets Of Specification.  8 Sheet(s) Containing Figures 1 − 8 ☐ Formal ☑ Informal.  A Return Receipt Postcard.  An Assignment Of The Invention.  A Certified Copy Of A Priority Document, Austrian Application No. A 8 filed January 24, 2003.  An Inventor's Declaration (Unsigned).  A Copy Of Verified Statement Claiming Small Entity Status.  A Preliminary Amendment.  Other − Information Disclosure Statement with Form PTO 1449.  Other − Request for Non Publication.	9/2003,
☐ If checked☐☐☐☐☐	, this application is a:  Continuation  Continuation-in-part  Divisional	
Application of examined by	prior United States Patent Application No.: previously (Examiner) in Group/Art Unit	у
from which ar accompanying The incorpora	ion or Divisional Applications: The entire disclosure of the prior apply oath or declaration is supplied, is considered a part of the disclosure continuation or divisional application and is hereby incorporated by relation can only be relied upon when a portion has been inadvertently hitted application parts.	e of the ference.
Service "Expre 2004, and is	ify that this paper or fee is being deposited with the United States ess Mail Post Office to Addressee" Service under 37 CFR 1.10 on Januaddressed to the "Mail Stop Patent Application, Commissioner For ID, Alexandria, VA 22313-1450".	<u>uary 21,</u>
	Dahlia Steele	<u> </u>

EXPRESS MAIL Mailing Label Number: <u>EV 117320593 US</u> Page 1 of 2

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The filing fee h	as been	calculate	d as shown	below:					
Design App	lication F	For 🔲	Small Entity	y = \$170	☐ Not Small Entity = \$340				
□ Utility Applie	cation W	ith Fee C	alculated Be	elow:					
☐ If Checked, Applicant Is A SMALL ENTITY.									
	No. <u>Filed</u>	CLAIM	<u>S</u> No. <u>Extra</u>	<u>SMAL</u>	L ENTITY	LARGE E	NTITY		
Total Claims	29	20=	9	x \$9 =		x \$18 =	162.00		
Independent claims	4	3=	1	x \$43 =		x \$86 =	86.00		
Basic Fee					\$385.00		\$770.00		
Multiple Dependent Claims Presented				x \$145		x \$290			
resented				TOTAL		TOTAL	\$1,018.00		
$\boxtimes$ A check in the amount of \$1.018.00 to cover the filing fee is enclosed.									
☐ Please charge my Deposit Account No. 16-2563 in the amount of \$ to cover the filing fee. ☐ A duplicate copy of this sheet is enclosed.									
under 37 CFF	R 1.16 a	associate	d with this	communica	ge any additional ation or credit an nis sheet is enclos	y overpayment			
	g the per	ndency o	f this applic	ation and to	Euros V	ayment to Depo			
				Y L. Ja	ames Ristas, Red.	No. 28.663			

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